

## Kansas SHICK Public and Media Activity Form

**ALL AREAS IN BLUE ARE REQUIRED FIELDS.**

Multiple volunteers may be listed on the same form for the same event.

**SHICK Counselor First & Last Name:** \_\_\_\_\_ **Total Hours:** \_\_\_\_\_

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### Type Of Activity (Check only one for 1-7)

☐ **1. Interactive Presentation to Public. Face to Face In-Person, Video Conf, Web Conf, Web Chat**

Estimated # of attendees: \_\_\_\_\_

Estimated persons provided enrollment assistance: \_\_\_\_\_

☐ **2. Booth/Exhibit at Health/Senior Fair/Special Event**

Estimated # of direct interactions with attendees: \_\_\_\_\_

Estimated # of persons provided enrollment assistance: \_\_\_\_\_

☐ **3. Dedicated Enrollment Event Sponsored by SHIP or in Partnership**

Est. # persons reached at event regardless of enrollment assistance: \_\_\_\_\_

Est. # provided any enrollment assistance: \_\_\_\_\_

Est. # provided enrollment assistance with Part D: \_\_\_\_\_

Est. # provided enrollment assistance with LIS: \_\_\_\_\_

Est. # provided enrollment assistance with MSP: \_\_\_\_\_

Est. # provided enrollment assist Other Medicare Prog: \_\_\_\_\_

☐ **4. Radio Show. Live or Taped. Not a PSA or Ad.**

Estimated # of listeners reached: \_\_\_\_\_

☐ **5. TV/Cable Show Live or Taped. Not a PSA or Ad.**

Estimated # of viewers reached: \_\_\_\_\_

☐ **6. Electronic Other Activity. PSAs, Electronic Ads, Crawls, Video Conf, Web Conf, Web Chat**

Estimated # of persons viewing or listening: \_\_\_\_\_

☐ **7. Print Other Activity. Newspaper, Newsletter, Pamphlets, Fliers, Posters, Targeted Mailings**

Estimated # of persons reading article, etc.: \_\_\_\_\_

### Activity Information

**Event or Group Name:** \_\_\_\_\_

Contact First Name: \_\_\_\_\_

Contact Last Name: \_\_\_\_\_

Contact Phone Number: (\_\_\_\_\_) \_\_\_\_\_

**State of Event:** \_\_\_\_\_

**City of Event:** \_\_\_\_\_

**County of Event:** \_\_\_\_\_

**Street Address of Event:** \_\_\_\_\_

**Zip Code of Event:** \_\_\_\_\_

**Date of Event:** \_\_\_\_\_

### Topic Focus (Check All That Apply)

- ☐ Medicare Parts A and B
- ☐ Plan Issues – Non-Renewal, Termination, Employer – COBRA
- ☐ Long-Term Care
- ☐ Medigap – Medicare Supplements
- ☐ Medicare Fraud and Abuse
- ☐ Medicare Prescription Drug Coverage – PDP/MA-PD
- ☐ Other Prescription Drug Coverage – Assistance
- ☐ Medicare Advantage
- ☐ QMB – SLMB – QI
- ☐ Other Medicaid
- ☐ General SHIP Program Information
- ☐ Medicare Preventive Services
- ☐ Low-Income Assistance
- ☐ Dual Eligible with Mental Illness Mental Disability
- ☐ Volunteer Recruitment
- ☐ Partnership Recruitment
- ☐ Other Topics (Specify) \_\_\_\_\_

### Target Audience (Check All That Apply)

- ☐ Medicare Pre-Enrollees – Age 45-64
- ☐ Medicare Beneficiaries
- ☐ Family Members/Caregivers of Medicare Beneficiaries
- ☐ Low-Income
- ☐ Hispanic, Latino, or Spanish Origin
- ☐ White, Non-Hispanic
- ☐ Black or African-American
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Some Other Race-Ethnicity
- ☐ Disabled
- ☐ Rural
- ☐ Employer-Related Groups
- ☐ Mental Health Professionals
- ☐ Social Work Professionals
- ☐ Dual-Eligible Groups
- ☐ Partnership Outreach
- ☐ Presentation to Groups in Languages Other Than English
- ☐ Other Audiences

(Specify) \_\_\_\_\_

### MIPPA Information Needed: (Circle One)

- 1-LIS only
- 2-MSP Only
- 3-LIS and MSP

Notes: